

Case Studies

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Region 1 RTCC

1st county hospital

1851

- Collapsed in a severe storm later in the year

1852

- Sacramento County Hospital - Rebuilt
- Burns down in 1854
- Rebuilt again



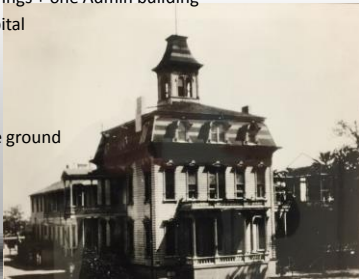
Brand new...

1870

- Two 3 story wings + one Admin building
- 216 bed Hospital
- Cost \$80,000

1878

- Burned to the ground



1914-1928



1947



UC-Davis Medical Center



"The care of injured patients requires a system approach to ensure optimal care . . . however, no one trauma center can do everything alone."

Resources for Optimal Care of the Injured Patient 2014

Case 1

- 13 year old male skier
- Tree strike
- Field: BP 150/95, HR 105, RR 40, GCS 6
- Level 3 trauma center
- BP 165/75, HR 109, RR 28, GCS 10
- Intubated by CRNA

Case 1

- Injuries:
 - Bilateral pneumothoraces
 - Left rib fractures
 - Multifocal cerebral hemorrhages
 - Left orbital fracture
 - Intimal tear of the descending aorta

Case 1

- Normal transfer receiving hospital
 - Level 2
 - 65 miles away
 - Not pediatric center
- Transferred to Level 1 trauma center, 310 miles away
- Endovascular repair, TBI minimal

Case 2

- 12 yo male soccer player
- Kick to the left flank
- ED – BP 130/80, HR 95
- Abdomen tender
- CT abdomen



Case 2

- BP 80/40, HR 120
- Blood infusing
- UCDMC Transfer Center
 - 37 miles away
- Surgeon instructed to do splenectomy
- Transfer to UCDMC for postop pediatric care

Case 3

- 28 year old female
- GSW right upper arm, head
 - Field GCS 14
- Level 3 trauma center
 - GCS 14
 - GSW RUE – no bleeding, neurovascular intact
 - GSW under right chin up side of face
 - Right mandible fracture, right frontal skull fracture, right globe rupture

Case 3

- Transferred 26 miles south to Level 2 trauma center
- Evaluated by NRS
- Transferred 75 miles north to Level 1 trauma center for globe rupture

Case 4

- 15 year old male GSW right ear entrance, exit right eye
- GCS 7
- Level 3 trauma center
 - GCS 7
 - CT:
 - SAH
 - Medial and lateral orbit fractures
 - Globe rupture

Case 4

- Transferred 26 miles south to Level 2 trauma center
- Evaluated by NRS
- Transferred 75 miles north to Level 1 trauma center for globe rupture
- Day of transfer – craniotomy, repair of eye injuries
- 11 days later - enucleation

Case 5

- 55 yo male tractor driver, struck by vehicle, ejected
- Field GCS 3, scene time for HEMS 9 minutes
- Level 3 trauma center
 - GCS 3
 - Fractures of acetabulum, lumbar spine, femur
 - Flail chest, pulmonary contusion
 - SAH

Case 5

- Plan for air transfer to Level 1 trauma center
- Air transport provider (same as scene)

– Call received	22:28	
– Dispatch call	22:33	
– En route	22:47	
– Arrival	22:55	
– Patient contact	23:02	
– Departure	23:46	44 minutes

Case 5

- Points
 - Air dispatcher should let requesting facility know the ETA
 - ED to ED trauma transfers should be considered “scene” transports, not IFT
 - Emergency physicians should be aware of these delays and may need to make an air vs. ground transport decision

Case 6

- 37 year old male, assault to face
- GCS 15
- Seen at Level 3 trauma center
 - Orbital floor fracture
 - Tiny SAH
- Transfer to Level 1 trauma center with facial and neurosurgical capabilities
- 167 miles by ambulance
- 129 miles helipad to helipad

Case 6

- Level 1 center
 - Radiology and NRS re-read of brain CT
 - No bleed
 - ENT evaluation – nonoperative fractures
- Plan: go home

Case 6

“Nighthawk”
Telemedicine

The End...

